



PATIENT

George Fortier

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

3 years

WEIGHT

43lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

47248

DATE

3/23/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. Increased cough. On Atenolol 6.25mg PO BID. Sedated with Trazadone.

-Pertinent previous echo findings (9/11/2023 MML/KE): Severe PS: 4.9m/s, severe RVH with RVE. Small VSD, mild LV dysfunction, FS: 25%, LV: 3.6/2.7.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No obvious mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The previous VSD is not apparent. No flow is seen across the region. The LV wall appears normal. The tricuspid valve appears mildly elongated with trace insufficiency seen. Moderate right atrial dilation. Significant right ventricular hypertrophy and remodeling indicative of pressure overload. Mild right ventricular dilation. Pulmonic outflow velocities are elevated at the level of the valve. The pulmonic valve appears severely thickened, tethered and stenotic. There is significant post-stenotic dilation of the main pulmonary artery and branches. Mild pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are present. No pericardial or pleural effusion noted.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	1.1	1.3	32	62	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.2	4.7	19.5	2.5	3.4	2.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable findings overall. While severely elevated pulmonic outflow velocities persists, the right heart appearance is similar. Previously noted LV dysfunction is less apparent, which likely



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suggests normal variation. Finally, the previous VSD is no longer apparent. Whether this reflects aneurysmal closure or simply trivial flow across the region is somewhat academic as the abnormality is and was hemodynamically insignificant. No additional issues are seen.

Even with significant congenital disease, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.). A poorly controlled cough can lead to development of pulmonary hypertension over time, and monitoring for associated clinical signs is recommended (primarily exertional syncope/dyspnea).

Given these findings, continue Atenolol going forward. No additional medications are warranted.

Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

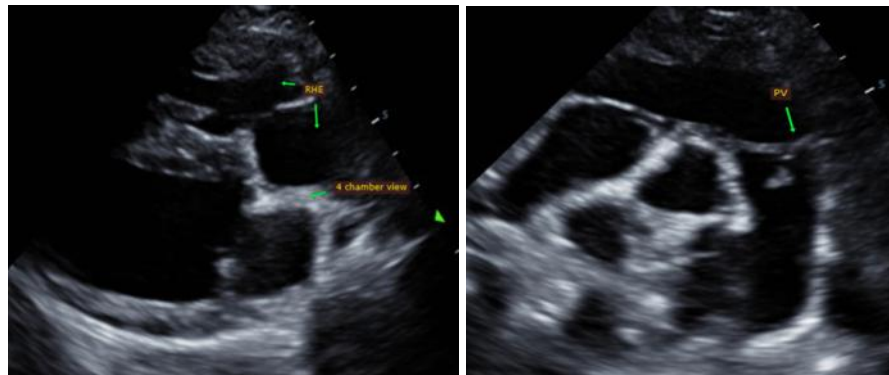
Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

PLAN

Continue Atenolol as prescribed.

Recommend recheck echocardiogram annually, sooner if clinical signs arise.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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